Providing Quality Healthcare with CLAS
A Curriculum for Developing Culturally and Linguistically Appropriate Services

The Academy for Cultural Competence and Diversity Education

Center for Reducing Health Disparities
University of California, Davis
Providing Quality Health Care with CLAS
Objectives

At the end of the workshop, you should be able to:

1. Describe the CLAS Standards
2. Describe at least one health disparity that can be addressed by the CLAS Standards
3. Summarize the key components of the CLAS Curriculum
4. Experience components of the curriculum
5. Describe resources to implement the curriculum
Agenda

- Cultural Meaning of Names
- Health Disparities and the CLAS Standards
- Curriculum Overview
- Case Examples
- Person Centered Care and CLAS Exercise
- Implementation Resources
CULTURAL MEANING OF NAMES
Cultural differences are not a national burden…

They are a national resource.

Culture is not talked about — much of it is taken for granted (much like the air we breathe), and what is taken for granted is not discussed. Also, since culture is widely shared, it is uninteresting to talk about what everybody shares. This means, however, that people have little practice in discussing how culture affects their behavior, and so are ill-prepared to explain their culture to others.

Levine, 2001
Latinos are more likely than Non-Hispanic Whites to terminate treatment prematurely, with as many as 60–75% of Latinos dropping out after just one session.

Source: McCabe, 2002
Let’s hear it from cultural sensitivity!
Cultural Differences

An office somewhere in South America…

*Hours of Operation*

12 noon to 9:30 P.M. MORE or LESS

Source: Provided by Levine, 2001
Definition of Culture

- Meanings, values, and behavioral norms that are learned and transmitted in society and within social groups
- Powerfully influences cognition, feeling, and self-concept
- Strong impact on diagnostic processes and treatment decisions

Source: Guarnaccia, 2006
“The main message of this Supplement—that culture counts—should echo through the corridors and communities of this Nation. In today’s multicultural reality distinct culture and their relationship to the broader society are not just important for mental health and the mental health system, but for the broader health care system as well.”

Source: Culture, Race, and Ethnicity; A Supplement to Mental Health: A Report of the Surgeon General, 2001
Culture counts!

Culture influences:

- How consumers/patients communicate and manifest their symptoms
- Their style of coping
- Their family and community support
- Their willingness to seek treatment

Source: Culture, Race, and Ethnicity; A Supplement to Mental Health: A Report of the Surgeon General, 2001
Let’s Hear if for Cultural Sensitivity!

What Happens When Culture and Language are not Considered
Let's Hear it for Cultural Sensitivity!

Almost but not quite...... (1)

- When General Motors introduced the Chevy Nova in South America, it was apparently unaware that "no va" means "it won't go." After the company figured out why it wasn't selling any cars, it renamed the car in its Spanish markets to the Caribe.

- Coors put its slogan, "Turn it loose," into Spanish, where it was read as "Suffer from diarrhea."
Let's Hear it for Cultural Sensitivity!

Almost but not quite...... (2)

- When Parker Pen marketed a ballpoint pen in Mexico, its ads were supposed to say "It won't leak in your pocket and embarrass you." However, the company mistakenly thought the Spanish word "embarazar" meant embarrass. Instead the ads said that "It won't leak in your pocket and make you pregnant."

- An American t-shirt maker in Miami printed shirts for the Spanish market which promoted the Pope's visit. Instead of the desired "I Saw the Pope" (el Papa), the shirts proclaimed "I Saw the Potato" (la papa).
Let's Hear it for Cultural Sensitivity!
<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>MOVIE TITLE</th>
<th>WHY TITLE CHANGED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spain</td>
<td>The Spy Who Hugged Me</td>
<td>Spaniards viewing <em>La Espia Que Me Achucho</em> will know that “hugged me” is a translation of <em>achucho</em>—but that the word has a double meaning.</td>
</tr>
<tr>
<td>France</td>
<td>The Spy Who Shoot Me</td>
<td><em>L’Espion Qui M’a Tire</em> offers the French a chance to giggle at the other meaning <em>tirer</em>, the verb usually translated as “to shoot.”</td>
</tr>
<tr>
<td>Germany</td>
<td>The Spy In Secret Missionary Position</td>
<td>One of Germany’s top 007 films was <em>James Bond</em> on a Secret Mission. <em>Powers’s Spion in Geheimer Missionarsstellung</em> makes the mission missionary.</td>
</tr>
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</table>
## Let's Hear it for Cultural Sensitivity!

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>MOVIE TITLE</th>
<th>WHY TITLE CHANGED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latin America</td>
<td>The Seductive Spy</td>
<td>Because each Latin American country has its own idioms, New Line chose <em>El Espia Seducator</em> because it would be understood throughout the region.</td>
</tr>
<tr>
<td>Iceland</td>
<td>The Spy Who Nailed Me</td>
<td><em>Njosuarinn Sem Neglani Mig.</em> It makes them laugh in Iceland. Need we say more?</td>
</tr>
<tr>
<td>Japan</td>
<td>Austin Powers: Deluxe</td>
<td>The Japanese won’t go for sexual references, so by calling Powers <em>Deluxe</em>, the distributors hope to convey something hip and new.</td>
</tr>
</tbody>
</table>

Source: Newsweek, 199?
What do we mean by Culture?

“Meanings, values, and behavioral norms that are learned and transmitted in society and within social groups.”

Culture powerfully influences cognition, self-concept, feeling, and activities.

Culture has a strong impact on diagnostic processes and treatment decisions.

Source: Guarnaccia, 2006
Everyone has a culture…

Source: Taylor, NCRR, 2007
Definition of Cultural Competence

“A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or amongst professionals and consumers and enables that system, agency or those professionals and consumers to work effectively in cross-cultural situations.”

Cultural competence is a developmental process – one that occurs over time.

Source: Cross, Bazron, Dennis & Isaacs, 1989
Cultural Competence

The word “culture” implies the integrated pattern of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.
Cultural Competence

The word “competence” is used because it implies having the capacity to function in a particular way: the capacity to function within the context of culturally and linguistically integrated patterns of human behavior defined by a group.
Language also Counts!

- Language is the core medium for the communication, creation, and transmission of culture.

- “Given the centrality of talking as a major form of mental health treatment, issues of language and culture appear particularly central in thinking about developing culturally competent mental health services” (Guarnaccia, et al., 1998; p. 424)
Never underestimate the importance of local knowledge.

 HSBC
 The world's local bank
Do LEP patients have a higher risk and/or different patterns of adverse events than English–speaking patients?

<table>
<thead>
<tr>
<th></th>
<th>EP</th>
<th>LEP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Impact</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Some harm</td>
<td>30%</td>
<td>49%</td>
</tr>
<tr>
<td>- Serious harm</td>
<td>24%</td>
<td>47%</td>
</tr>
<tr>
<td><strong>Type</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Communication</td>
<td>36%</td>
<td>52%</td>
</tr>
<tr>
<td>- Patient management</td>
<td>56%</td>
<td>53%</td>
</tr>
<tr>
<td><strong>Cause</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human error</td>
<td>39%</td>
<td>45%</td>
</tr>
<tr>
<td>Structure/process error</td>
<td>59%</td>
<td>69%</td>
</tr>
</tbody>
</table>

Source: Schyve, 2007
Why Culture and Language Matter in the Delivery of Health Services?

- Culture patterns our thinking, feeling, and behavior in both obvious and subtle ways.

- Culture plays a major role in determining:
  - what we eat;
  - how we work;
  - how we relate;
  - how we celebrate holidays and rituals;
  - how we feel about life, death, and illness;
  - how we recognize, interpret, label, and respond to illness;
  - how we express and report our concerns;
  - how we seek help.
What is the Goal of Cultural and Linguistic Competence?

To improve the ability of health care providers to effectively communicate and care for patients from diverse social and cultural backgrounds.

Cultural and Linguistic Competence is about improving Quality of Care.

Source: Betancourt, Green., Carrillo, & Park, 2005
Demographic Changes

- Cultural and Linguistic Competence
- Workforce Development and Diversity
- Improving Quality of Care
- Reducing Health Disparities
Demographic Trends: Increasing Diversity

- White
- African American
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaskan Native
## U.S. Population, by Race and Ethnicity, 2010 and 2000

*(population in thousands)*

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2010</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>50,478 [43.0%]*</td>
<td>35,306</td>
</tr>
<tr>
<td>White</td>
<td>196,818 [1.2%]</td>
<td>194,553</td>
</tr>
<tr>
<td>Black</td>
<td>37,686 [11.0%]</td>
<td>33,948</td>
</tr>
<tr>
<td>Asian</td>
<td>14,465 [42.9%]</td>
<td>10,123</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>2,247 [8.6%]</td>
<td>2,069</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>482 [36.2%]</td>
<td>354</td>
</tr>
<tr>
<td>Some other race</td>
<td>604 [29.1%]</td>
<td>468</td>
</tr>
<tr>
<td>Two or more races</td>
<td>5,966 [29.6%]</td>
<td>4,602</td>
</tr>
</tbody>
</table>

*Percentage growth in decade

Notes: Racial groups include only non-Hispanics. Hispanics are of any race.

Source: Pew Hispanic Center tabulations of U.S. Census Bureau Redistricting_Files-PL_94-171 for states; PEW HISPANIC CENTER, March 24, 2011
**Definition:** racial and ethnic variation in quality of health care that are not due to

- Access-related factors
- Patient preferences
- Clinical needs
- Appropriateness of intervention

- Recognizes role of SES associated with race/ethnicity as mediators of disparities

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Black (procedures per 1,000 beneficiaries per year)</th>
<th>White (procedures per 1,000 beneficiaries per year)</th>
<th>Black-to-White Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angioplasty</td>
<td>2.5</td>
<td>5.4</td>
<td>0.46</td>
</tr>
<tr>
<td>Coronary Artery Bypass Graft Surgery</td>
<td>1.9</td>
<td>4.8</td>
<td>0.40</td>
</tr>
<tr>
<td>Mammography</td>
<td>17.1</td>
<td>26.0</td>
<td>0.66</td>
</tr>
<tr>
<td>Hip Fracture Repair</td>
<td>2.9</td>
<td>7.0</td>
<td>0.42</td>
</tr>
<tr>
<td>Amputation of All or Part of Limb</td>
<td>6.7</td>
<td>1.9</td>
<td>3.64</td>
</tr>
<tr>
<td>Bilateral Orchietomy</td>
<td>2.0</td>
<td>0.8</td>
<td>2.45</td>
</tr>
</tbody>
</table>

Source: Gornick et al., 1996
Evidence of Racial and Ethnic Disparities

- Across a wide range of disease areas and clinical services
- Found even when clinical factors, such as stage of disease presentation, co-morbidities, age, and severity of disease are taken into account
- Across a range of clinical settings, including public and private hospitals, teaching and non-teaching hospitals, etc.
- Associated with higher mortality among minorities (e.g., Bach et al., 1999; Peterson et al., 1997; Bennett et al., 1995)
- Magnified when taking into account poverty and level of education
Systems of Care as Culture

- Behavioral norms
- Clearly defined roles
- Belief system and values
- Written and oral language tradition
- Cultural events
- Changes due to other cultural systems

“The last time someone went into Medical Records, they were lost for a week.”
The perception of illness and disease and their causes varies by culture;

Diverse belief systems exist related to health, healing and wellness;

Culture influences help seeking behaviors and attitudes toward health care providers;
The Challenge for Systems of Care

- Individual preferences affect traditional and non-traditional approaches to health care;

- Patients must overcome personal experiences of biases within health care systems, and;

- Health care providers from culturally and linguistically diverse groups are underrepresented in the current service delivery system.

Source: Cohen & Goode, National Center for Cultural Competence, 1999
Purpose of the CLAS Standards

- Correct disparities in the provision of health services and make these services more responsive to the needs of patients / consumers;

- Intended to be inclusive of all cultures and not limited to any particular population group;

- Designed to address the needs of racial, ethnic, and linguistic population groups that experience unequal access to health services;

- Contribute to the elimination of racial and ethnic health disparities.

Culturally and Linguistically Appropriate Services (CLAS) Standards

- A response to public and private providers, organizations, and government agencies for culturally and linguistically appropriate standards in the provision of health care;

- Emphasizes the importance of cultural and linguistic competence in health care;

- Developed 14 standards which define key concepts and issues, and discussion of critical implementation issues.

The 14 Standards are organized by three themes:

- Culturally Competent Care
  - Standards 1-3

- Language Access Services
  - Standards 4-7

- Organizational Supports
  - Standards 8-14
Staff should provide effective, understandable, and respectful care that is compatible with their patient’s cultural health beliefs and practices and preferred language.

Strategies to recruit, retain, and promote diverse staff and leadership that are representative of the demographic characteristics of the service area.

All staff should receive ongoing education and training in CLAS delivery.
Language Access Services

- Provide language assistance services at no cost to each patient with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

- Provide to patients with verbal and written information about their right to receive language assistance services in their preferred language.

- Provide quality assurance that language assistance is competent and of acceptable quality.

- Provide easily available and understandable patient-related materials and post signage in the languages of the commonly encountered groups represented in the service area.
Organizational Supports

- **Written Strategic Plan** that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

- **Organizational Self-Assessments** of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction Assessments, and Outcomes-Based Evaluations.

- **Patient Demographic Data** on race/ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems.

- Demographic, Cultural, and Epidemiological **Profile of the Community** as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.
Community Partnerships should be developed utilizing a variety of formal and informal mechanisms to facilitate community and patient involvement in designing and implementing CLAS-related activities.

Grievance Processes should be culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients.

Public Available Information about progress and successful innovations in implementing the CLAS Standards and to provide public notice in their communities about the availability of this information.
OMH State Partnership Grant Program to Improve Minority Health

Purpose:

- A national strategy to facilitate the improvement of minority health and elimination of health disparities through the development of partnerships with established states and territorial offices of minority health.
OMH State Partnership Grant Program to Improve Minority Health

A Partnership between:

- CDHS Office of Multicultural Health
- UC Davis’ Center for Reducing Health Disparities
Cultural Competency Toolkit/Curriculum Development Project

Primary Goals:

- Develop, implement, and evaluate a training curriculum for health service agencies and organizations based on the *Culturally and Linguistically Appropriate Service Standards* (CLAS)

- Disseminate and provide technical assistance in an effort to improve mental health service outcomes for minority populations
Rationale for Culturally Competent Health Care

- Responding to demographic changes;
- Eliminating disparities in the health status of people of diverse racial, ethnic, and cultural backgrounds;
- Improving the quality of services and outcomes;
- Meeting legislative, regulatory, and accreditation mandates;
- Gaining a competitive edge in the marketplace;
- Decreasing the likelihood of liability/malpractice claims.

Providing Quality Care with CLAS Curriculum

"Experience has taught me all I know ... and many things I never wanted to know."
The Challenge

- How do you
  - make CLAS relevant to leaders with multiple responsibilities?
  - take education beyond the classroom?
  - facilitate true system change?
  - measure success?
Curricular Approach

- Participant-centered, strength-based
- Emphasizes collaborative effort
- Facilitates deeper understanding and creative solutions
- Allows for integration of CLAS standards into infrastructure, mission, and values
Curricular Approach

- Utilizes established educational methods
  - Group process orientation
  - Problem-based learning
  - Strategically placed lectures
"These outings can really bring a clinic staff closer together."
Organizational Assessment

- Needs Assessment
  - Institution as Culture
- Identify key informants and gate keepers
  - Cultural Competence Leaders
  - Institutional Leaders
  - Educational Leaders
- Look for synergy and interdependence
- Establish credibility
  - “Do it right the first time”
- Make it relevant
Overview

Four Workshop Sessions

I. Introduction to the CLAS Standards
II. Quality Care for Culturally Diverse Clients
III. Getting to Know the CLAS Standards
IV. System Change and CLAS
Workshop Session I: Introduction to the CLAS Standards

- Overview
  - Challenges of health systems to provide quality services to diverse communities
  - Rationale and intent of CLAS standards

- Strategies for system change

- Establishing an organizational vision
Workshop Session II: Quality of Care for Culturally Diverse Clients

- Shifting to a person and community-centered perspective using narratives
- Examine social determinants of health
- Assess organizational factors that mediate health equity
Workshop Session III: Getting to Know the CLAS Standards

- In-depth study of each CLAS Standard
  - Rationale and intent
  - Strategies to implement
- Review of model programs
- Customizing to local setting
  - Assessment of applicability of various standards
  - Review applicable strategies and models
Workshop Session IV: System Change and CLAS

- Leadership and system change

- Inter-program collaboration
  - Leverage resources
  - Minimize duplication of effort
  - Build for synergy
  - Ripple effect

- Product: Quality improvement plan to implement CLAS standards
Course Evaluation

- Overall Quality of Curriculum 3.6 out of 4
  
  [1 = poor  2 = fair  3 = good  4 = excellent]

- 57 out of 58 participants would recommend curriculum to colleagues

Response Rate: 81%
Evaluation by Session

- Excellent
- Good
- Fair
- Poor

Sessions:
- Session I: 3.2
- Session II: 3.4
- Session III: 3.4
- Session IV: 3.6
## Evaluation: Knowledge

<table>
<thead>
<tr>
<th>Area of Knowledge</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can describe CLAS standards</td>
<td>5 times</td>
</tr>
<tr>
<td>Familiar with strategies for implementation</td>
<td>1.8 times</td>
</tr>
<tr>
<td>Greater awareness of CLAS based projects in the organization</td>
<td>1.5 times</td>
</tr>
<tr>
<td>After course, participants strongly agreed that:</td>
<td>Improvement</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>CLAS standards are important to health care</td>
<td>2.8x</td>
</tr>
<tr>
<td>CLAS standards are possible to implement</td>
<td>2.8x</td>
</tr>
<tr>
<td>Implementing CLAS standards can improve quality of care</td>
<td>2.7x</td>
</tr>
</tbody>
</table>
CLAS Quality Improvement Plans

A few examples
Start with a dream . . .

. . . Quality language services in the key languages of the communities that we serve

. . . A system that integrates CLAS throughout all divisions, with leadership support

. . . A resilient, sustainable organization trained in CLAS standards that can move into future unknowns
Advocate for Language Access Services for all Programs within the Public Health Department

- What are the *language access needs and costs* for all programs within the department?

- What are the *potential solutions for a quality, reliable translation program*?

- Options: staff dedicated to translation? A standing contract with translation provider? Budgeting across programs?
Activities and Outcomes

Directors

Recommendations

Assessment of language access needs

Recommendations for establishing translation service

Policies for high quality and cost-effective use of translation service
Departmental Language and Cultural Assets

- What are second language skills (and cultural knowledge) of our staff?

- Is our departmental staff skills database sufficient? Or, should we develop a survey dedicated solely to questions of language/cultural knowledge?

- How can we measure the quality of staff’s self-assessment of language skills?

- Do we have enough competence in-house, or do we need to seek out translation services, relevant community organizations?
Activities and Outcomes

Survey

Database of in-house language resources plus community language resources

Plan to market database to whole organization
Learning from Experiences with New Languages, New Cultures

- How can we document the experiences we have on regular basis with diverse groups?

- Recording community-oriented experiences would enable us to go back and reflect, so that the next time we encounter a particular kind of community, we are better prepared. Example: recent experiences with Hmong communities.
Activities and Outcomes

- Repository of successes, challenges, lessons learned

Quality improvement in our unit’s ability to interact in culturally and linguistically appropriate ways with communities.
Improving the Quality of CLAS Implementation throughout the Organization

How can we ensure that our different visions of how CLAS can improve our organization’s quality are implemented?
Activities and Outcomes

- Creation of working group which includes involvement of leadership
- Review of plans, development of recommendations
- Identification of CLAS trainers, materials
- Funding recommendations

CLAS Standards integrated into organization’s strategic plan
Summary

- Working knowledge of CLAS standards
- Practical plan for implementation of CLAS standards
- Effective coordination with other programs for maximal effect
Person Centered Care and CLAS Small Group Discussion

- Gather in groups of 6
- Pick a CLAS domain (Culturally Competent Care, Language Access, or Organizational Supports)
Tuyet Nguyen who is a 62-year-old widow Vietnamese woman with poorly controlled hypertension.
I live here with my son and his family. We moved to America 20 years ago, but sometimes it feels like just yesterday. There is a lot of loneliness in my life. My son and daughter-in-law both work all day and the children are mostly at school. I spend the day waiting for them to come home. I cannot speak or read English very well. I don’t take walks too far outside my house because I’m afraid to get lost. Who can I ask for help if I get lost? Who would understand me?

I have a new doctor who is white. She tells me to come see her more regularly. I am embarrassed to tell her that I cannot drive and do not know how to take the bus, so I just nod my head. I feel ashamed to lie to her, but I feel more ashamed to tell her the truth.
Scenario #1 Discussion

1. What thoughts and feelings came up for you as you listened to Ms. Nguyen?

2. What are the potential factors that impact Ms. Nguyen’s health?
My son was able to hire someone to drive me to the doctor. He charges $34, but I am glad he is Vietnamese and I can talk to him in the car. I thought he was going to come in to interpret for me, but he said he had to drive someone else. I had a hard time understanding the doctor and I know she is frustrated. I am embarrassed that I don’t understand so I nod when she asks me questions. I don’t want to disrespect her by complaining or not responding. I think she wants me to bring my family next time to interpret. I don’t think I can ask them. I am already so much of a burden to them. But I nod and say “yes.” She gives me a prescription for medicine. I don’t know what it says though.
Scenario #2 Discussion

1. What was the impact of her limited English proficiency on her health and overall experience at the clinic?

2. Who do you believe should be responsible for ensuring adequate communication between doctors and their patients?

3. How would you apply the CLAS standards assigned to your group to improve this situation?
I show my prescription to my son when he gets home. He says that this is too much medication for me. He says that I get “high blood pressure” when I have headaches or feel stressed. I agree with him. He tells me to take the medicine when I have headaches or stress only. Taking too much medicine would cause my body to become too “hot,” and make me sicker. I’m glad my children take care of me.
Scenario #3 Discussion

1. How might you apply the CLAS standards linked to your group to address these issues?
Demographic and Health Disparities Facts

Asian Americans and Native Hawaiians and other Pacific Islanders (AA/NHOPI)
Demographics

- Asian Americans and Native Hawaiians and other Pacific Islanders (AA/NHOPI) comprise over 4.7% of the U.S. population\(^1\)

- Thirty percent of the AA/NHOPI population in the U.S. resides in California\(^1\)

- The AA/NHOPI population comprises 12%\(^1\) of the total California population and 1.5%\(^2\) are Vietnamese

- Sixty percent are foreign-born and they represent 30% of the total foreign-born population in the U.S.\(^1\)

- AA/NHOPI are a diverse group with over 30 ethnic subpopulations and more than 200 languages and dialects\(^3\)
Challenges

In California:

- More AAs (35%) have higher limited English proficiency (LEP) than the statewide average (20%)\(^2\)

- Approximately 10% of AAs are below the poverty level and NHOPIs are 11.4\(^%\)^\(^2\)

- AAs (14%) and NHOPIs (15%) are uninsured\(^2\)

- Health care decision-making does not always rest with the individual, but often involves multiple family members\(^4\)

- There is high use of non-Western healthcare practices in Southeast Asian Americans (90% of Vietnamese immigrants in one study)\(^4\)\(^9\)
Limited English Proficiency

- **Time with physicians**
  - Same as with English proficient patients despite use of interpreter
  - But most physicians believe that they spend more time with LEP patients (85.7%)

  *Tocher TM, Larson EB, 1999*

- **Less health care satisfaction**
  - Forty-eight percent for LEP patients vs. 29% for English proficient patients in the Emergency Department

  *Carrasquillo O, Orav EJ, Brennan TA, Burstin HR, 1999*
NEXT STEPS....